



RECEIVED
2006 FEB -9 AM 11:44
OFFICE OF
HEALTH CARE ACCESS

State of Connecticut
Office of Health Care Access
Application for Exemption from CON Process (2010)

All persons who are requesting an exemption from the Certificate of Need process under the requirements of Connecticut General Statutes, Sections 19a-639(d), 19a-639(e), 19a-639b and 17a-678 must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full Legal Name	Hill Health Corporation	
d/b/a (Doing Business As)	Hill Health Center	
Name of Parent Corporation	Hill Health Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	400 Columbus Ave. New Haven, CT 06519	
Applicant type (e.g., profit/ non-profit)	Non-profit	
Contact person including title or position	Robert Kilpatrick Development Director	
Contact person's street mailing address	Same as above	
Contact person's phone #, fax # and e-mail address	203-503-3276 203-503-3254 fax rkilpatrick@hillhealthcenter.com	

SECTION II. GENERAL PROPOSAL INFORMATION

Proposal/Project Title: Hill Health Corporation Infrastructure upgrade/ dental expansion
Provide a brief description of the proposal. Use a separate sheet.

Location of proposal (Town including street address): 474, 393, 400 and 428 Columbus Ave., New Haven, CT 06519. 226 Dixwell Ave., New Haven, CT 06511. 62 Grant St., New Haven, CT 06519. 232 Cedar St., New Haven, CT 06519. 285 Main St., West Haven, CT 06516.

List all the municipalities this project is intended to serve: New Haven, West Haven

Estimated starting date for the project: April 1, 2006

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

Estimated Total Capital Expenditure: \$ 4,911,244

SECTION IV. EXEMPTION INFORMATION

I may be eligible for an exemption from the Certificate of Need process because of the following: (Please check the boxes that apply.)

Section 19a-639(d), C.G.S.

- ☒ This is a Community Health Center which:
- ☐ is proposing a capital expenditure which does not exceed one million dollars
 - ☐ provides only primary care or dental services and either
 - ☐ 1/3rd or more of the cost is financed by the State of Connecticut (supporting documentation attached);
 - ☐ is receiving funds from the Department of Public Health (supporting documentation attached); or
 - ☒ provides services in a medically underserved area or in a health professional shortage area with proof attached.
- ☒ This is a Federally Qualified Health Center Satellite which:
- ☒ is part of a federally qualified health center with proof attached
 - ☒ provides only primary care or dental services
 - ☒ provides services in a medically underserved area or a health professional shortage area with proof attached.

Section 19a-639(e), C.G.S.

- ☐ This is a school-based clinic, which is:
- ☐ licensed or will be licensed by the Department of Public Health (DPH)
 - ☐ approved by the DPH as meeting a standard model for a comprehensive school-based health clinic
 - ☐ proposing a capital expenditure not exceeding one million dollars
 - ☐ located entirely on the property of an existing school site.

Section 19a-639b, C.G.S.

- ☐ This proposal is intended for a non-profit facility, institution or provider to fill a specific service need as identified by a state agency or department which:
- ☐ has a capital expenditure that does not exceed one million dollars
 - ☐ has received an endorsement from the Commissioner, executive director, chairman or chief court administrator of the state agency or department confirming the service need. (Supporting endorsement attached)

Section 17a-678, C.G.S.

- ☐ This is a proposal to close a service delivery system gap in the statewide substance abuse service delivery plan which:
- ☐ is a community agency operating a program in a state institution or facility
 - ☐ is a nonprofit community agency operating a program in a state institution or facility and is receiving funds from the Department of Mental Health and Addiction Services (DMHAS)
 - ☐ is a nonprofit substance abuse facility and is receiving funds from DMHAS
 - ☐ is submitting a letter from the Commissioner of DMHAS which is attached with proof of DMHAS funding and confirming the above.

Please complete the attached affidavit.

Hill Health Corporation Infrastructure Upgrade/Dental Expansion

Hill Health Corporation proposes to spend \$3,830,000 on various upgrades to eight of its sites in New Haven and West Haven. Two of the sites (Dixwell and West Haven) are FQHC satellites serving MUAs or HPSAs. Nearly all this work is to replace old furniture and equipment, and to repair aging buildings. Also, a \$1.08 million addition to the clinic building at 428 Columbus Ave., New Haven, will house three new dental operatories in response to the lack of accessible children's oral health services. Privately raised funds are being used, as well as State bonds through the Departments of Public Health and Social Services.

Specifically, the upgrades involve:

Furniture

Exam rooms	\$375,000	
Office	668,000	
Waiting areas	108,500	
Conference rooms	61,600	
Misc. equipment, furniture	376,792	
Total Furniture		\$1,590,692

Buildings

Dental addition	\$1,081,244	
Roofing	721,700	
Exterior siding	675,000	
Carpeting, VCT	34,001	
Painting	96,742	
Utility shed	165,000	
Guard shacks	15,600	
Air Conditioning	265,000	
Total Buildings		\$3,054,287

Grounds

Pave parking lots(5)	\$89,365	
Landscaping	32,000	
Fencing	31,200	
Total Grounds		\$152,565

Transportation (3 vans)

Total Transportation	\$75,000	\$75,000
----------------------	----------	----------

Technology

Security radios	\$38,700	
Total Technology		<u>\$38,700</u>

Grand total		\$4,911,244
--------------------	--	--------------------

GENERAL AFFIDAVIT

Applicant: Hill Health Corporation

Project Title: Infrastructure upgrades and dental expansion

I, Robert Kilpatrick, Development Director
(Name) (Position – CEO or CFO)

of Hill Health Corporation being duly sworn, depose and state that the
(Facility Name) said facility complies with the appropriate and applicable criteria
as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or
4-181 of the Connecticut General Statutes.

Robert H Kilpatrick
Signature

8 Feb. 2006
Date

Subscribed and sworn to before me on February 8, 2006

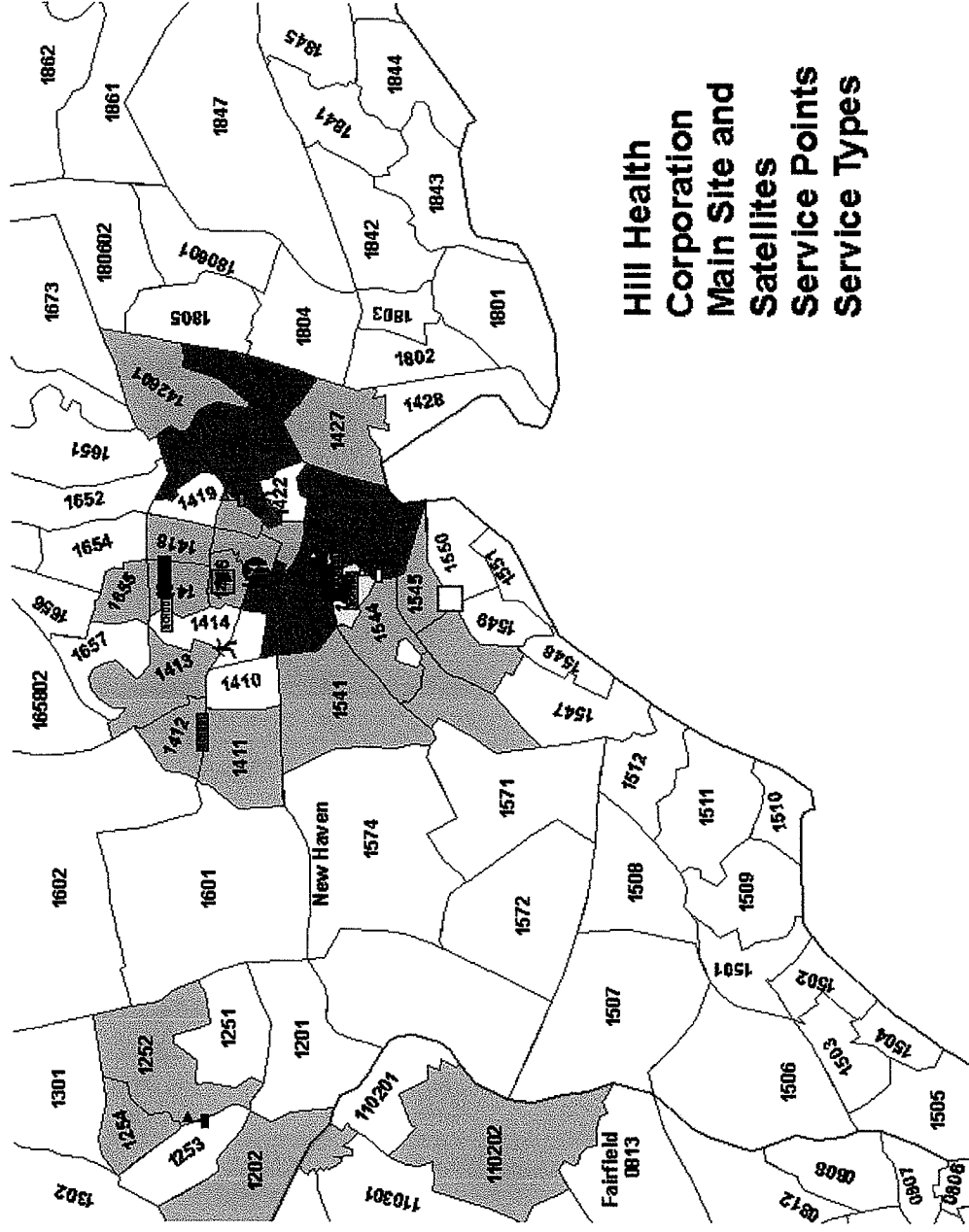
Margie W. Ford

Notary Public/Commissioner of Superior Court

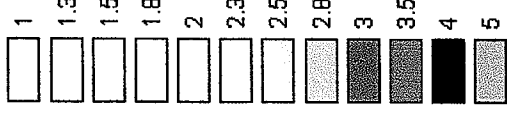
Margie W. Ford

Notary Public

My commission expires: My Commission Expires Nov. 30, 2006



Health Access Index
 1=low need area
 5=high need area























































Hill Health Corporation Main Site and Satellites Service Points

CHC Main Site Listing

MAIN_SITE

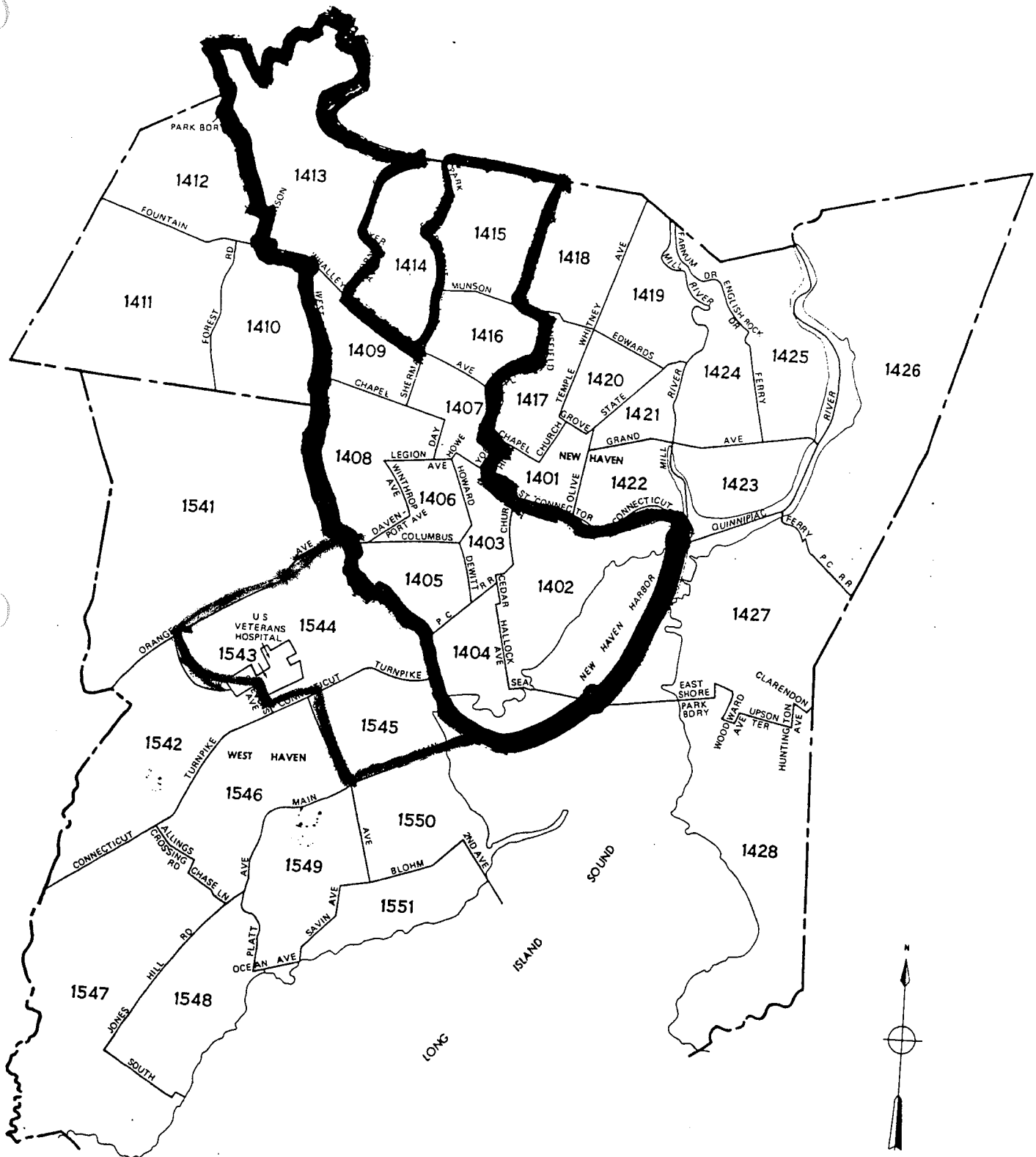
 Hill Health Corporation

Hill Health Corp Satellites	NAME	MAIN_SITE
	Adult Psychiatric Clinic	
	Careways Shelter	
	Community Health Connection	
	Columbus House - Shelter Clinic	
	Community Soup Kitchen - Broadway	
	Davis Street School-based Health Center	
	Dixwell Health Center/Northside Community	
	Douglas House Shelter Homeless Outreach	
	Early Stimulation Program	
	Fellowship Place Homeless Outreach	
	Grant Street Partnership	
	HHC Dental Clinic at Griffin Hospital - not shown	
	Hill Central Elementary School-based Health Center	
	Immanuel Baptist Shelter Homeless Outreach	
	Jackie Robinson School-Based Health Center	
	Katherine Brennan School-Based Dental Clinic - not shown	
	Life Haven Shelter Homeless Outreach	
	Lincoln-Bassett School-based Health Center	
	New Haven Homeless Resource Center	
	Outreach and Engagement Project	
	Overflow Shelter Homeless Outreach	
	Roberto Clemente School-Based Health Center	
	South Central Rehabilitation Center	
	Truman School-Based Health Center	
	West Haven Health Center	
	Women's Health Services	

CENSUS TRACTS IN THE NEW HAVEN, CONN. SMSA AND ADJACENT AREA

Hill Health Center - 132
INSET A - NEW HAVEN AND VICINITY

HPSAs = Tracts 1402-09, 1413, 1415-16, 1544-45



1970 Census of Population and Housing
CENSUS TRACTS
NEW HAVEN, CONN.
STANDARD METROPOLITAN STATISTICAL AREA AND ADJACENT AREA
Final Report PHC(1)-142

U.S. Department of Health
and Human Services

Bureau of Health Professions

Health Resources and
Services Administration
[HPSA Home](#) | [Dictionary](#) | [Designation Criteria](#) | [FAQ](#)

Updated 1/31

Health Professional Shortage Areas

Criteria:

State: Connecticut

County: NEW HAVEN

Date of Last Update: All Dates

HPSA Score (lower limit): 0

Discipline: Primary Medical Care

Metro: All

Status: Designated

Type: All Types

Results: 56 records found.

HPSA Name	ID	Type	FTE	# Short	Sc
009 - NEW HAVEN COUNTY					
FAIR HAVEN	1099990910	Geographic Area	2.3	5.9	18
C.T. 1421.00		Census Tract			
C.T. 1422.00		Census Tract			
C.T. 1423.00		Census Tract			
C.T. 1424.00		Census Tract			
C.T. 1425.00		Census Tract			
C.T. 1426.01		Census Tract			
C.T. 1426.02		Census Tract			
LOW INC - CENTRAL WATERBURY	1099990920	Population Group	3.2	2.1	13
C.T. 3501.00		Population Group			
C.T. 3502.00		Population Group			
C.T. 3503.00		Population Group			
C.T. 3504.00		Population Group			
C.T. 3505.00		Population Group			
C.T. 3506.00		Population Group			
C.T. 3508.00		Population Group			
C.T. 3512.00		Population Group			
C.T. 3514.00		Population Group			
C.T. 3517.00		Population Group			
LOW INCOME - CENTRAL MERIDEN	1099990924	Population Group	1.6	0.3	12
C.T. 1701.01		Population Group			
C.T. 1701.02		Population Group			
C.T. 1702.01		Population Group			
C.T. 1702.02		Population Group			
C.T. 1703.00		Population Group			
C.T. 1710.00		Population Group			
C.T. 1714.00		Population Group			
C.T. 1715.00		Population Group			
LOW INC - ANSONIA	1099990933	Population Group	1.0	0.4	6
C.T. 1252.00		Population Group			
C.T. 1253.00		Population Group			
C.T. 1254.00		Population Group			
LOW INC - CENTRAL NEW HAVEN	1099990936	Population Group	9.7	2.4	9
C.T. 1401.00		Population Group			
C.T. 1402.00		Population Group			
C.T. 1403.00		Population Group			
C.T. 1404.00		Population Group			
C.T. 1405.00		Population Group			
C.T. 1406.00		Population Group			
C.T. 1407.00		Population Group			
C.T. 1408.00		Population Group			
C.T. 1409.00		Population Group			
C.T. 1412.00		Population Group			
C.T. 1413.00		Population Group			

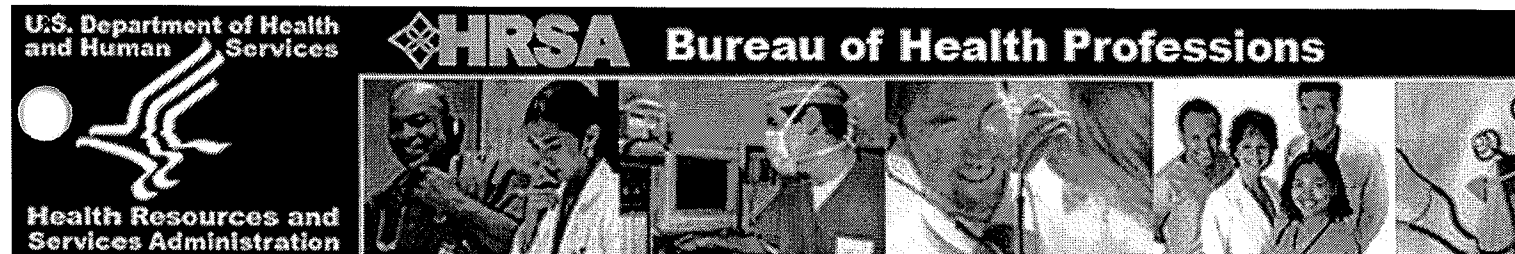
C.T. 1414.00		Population Group			
C.T. 1415.00		Population Group			
C.T. 1416.00		Population Group			
C.T. 1417.00		Population Group			
C.T. 1418.00		Population Group			
C.T. 1419.00		Population Group			
C.T. 1420.00		Population Group			
C.T. 1544.00	West Haven	Population Group			
C.T. 1545.00	West Haven	Population Group			
FAIR HAVEN COMMUNITY HEALTH	1099990947	Community Health Center	1.0	0	12
HILL HEALTH CORPORATION	1099990948	Community Health Center	1.0	0	6
STAYWELL HEALTH CENTER, INC.	1099990954	Community Health Center	1.0	0	6

[NEW SEARCH](#)[MODIFY SEARCH CRITERIA](#)

[HHS Home](#) | [HRSA Home](#) | [Questions?](#) | [Contact HRSA](#) | [Accessibility](#) | [Privacy Policy](#) | [Freedom of Information Act](#) | [Disclaimers](#)

[The White House](#) | [FirstGov](#)

Health Resources and Services Administration · 5600 Fishers Lane · Rockville, MD 20857


[HPSA Home](#) | [Dictionary](#) | [Designation Criteria](#) | [FAQ](#)

Updated 1/31

Health Professional Shortage Areas

Criteria:

State: Connecticut	Discipline: Dental
County: NEW HAVEN	Metro: All
Date of Last Update: All Dates	Status: Designated
HPSA Score (lower limit): 0	Type: All Types

Results: 44 records found.

HPSA Name	ID	Type	FTE	# Short	Sc
009 - NEW HAVEN COUNTY					
LOW INC - MERIDEN	6099990915	Population Group	1.4	0.2	4
C.T. 1701.01		Population Group			
C.T. 1702.01		Population Group			
C.T. 1702.02		Population Group			
C.T. 1703		Population Group			
C.T. 1710		Population Group			
C.T. 1713		Population Group			
C.T. 1714		Population Group			
C.T. 1715		Population Group			
LOW INC - NEW HAVEN/WEST HAVEN	6099990926	Population Group	2.8	4.8	18
C.T. 1401.00		Population Group			
C.T. 1402.00		Population Group			
C.T. 1403.00		Population Group			
C.T. 1404.00		Population Group			
C.T. 1405.00		Population Group			
C.T. 1406.00		Population Group			
C.T. 1407.00		Population Group			
C.T. 1408.00		Population Group			
C.T. 1409.00		Population Group			
C.T. 1413.00		Population Group			
C.T. 1414.00		Population Group			
C.T. 1415.00		Population Group			
C.T. 1416.00		Population Group			
C.T. 1417.00		Population Group			
C.T. 1544.00 <i>West Haven</i>		Population Group			
C.T. 1545.00 <i>West Haven</i>		Population Group			
SO.CENTRAL WATERBURY SA	6099990931	Geographic Area	7.1	0.7	11
C.T. 3501.00		Census Tract			
C.T. 3502.00		Census Tract			
C.T. 3503.00		Census Tract			
C.T. 3504.00		Census Tract			
C.T. 3505.00		Census Tract			
C.T. 3506.00		Census Tract			
C.T. 3508.00		Census Tract			
C.T. 3512.00		Census Tract			
C.T. 3514.00		Census Tract			
C.T. 3517.00		Census Tract			
LOW INC - ANSONIA	6099990933	Population Group		1.1	17
C.T. 1252.00		Population Group			
C.T. 1253.00		Population Group			
C.T. 1254.00		Population Group			
FAIR HAVEN COMMUNITY HEALTH	6099990935	Community Health Center			12
HILL HEALTH CORPORATION	6099990936	Community Health Center			6
STAYWELL HEALTH CENTER, INC.	6099990943	Community Health Center			6